

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 597841

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		7				
9		7				
10		7				
11		6				
12	1					
13		1				
14		5				
15		7				
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22		6				
23		6				
24		4				
25		5				
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	100	←		←		←
TOTAL CLAIMS	103					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						